

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Yokota	Blane	Т	(808) 546-5466	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	96841	
EMPLOYING ORGANIZATION (Fill i	n only if you are employed by a business e	entity which has been retained to lobby)	TELEPHONE	
Hawaiian Telcom, Inc.			(808) 546-5466	
MAILING ADDRESS (Street)			FAX	
P.O. Box 2200				
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	968	41	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOB	TELEPHONE	
Hawaiian Telcom Communications, Inc.		(808) 546–5466
MAILING ADDRESS (Street)		FAX
P.O. Box 2200		
(City)	(State)	(Zip Code)
Honolulu Hawaii		96841
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
JoAnn C. Yosemori	(808) 546-3868	
MAILING ADDRESS (Street)	FAX	
P.O. Box 2200		(808) 546-8500
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96841

PART III	DESCRIPTION OF	<u> SUBJECTS UPON WHICI</u>	YOU EXPECT TO LOBBY	
Agri	culture	Education	Human Services	Science, Technology & Economic Development
	nmunications & lic Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
	sumer Protection & nmerce	Hawaiian Affairs	X Labor & Employment	Transportation
	ure, Arts, Historic servation	Health	X Planning, Land & Water Use Management	X Other: (indicate below) Telecommunications
	logy, Energy ironmental Protection	Housing	X Public Safety & Corrections	
PART IV	CERTIFICATION			
I here	·	formation furnished above is	s, to the best of my knowledge,	
	Blow) (M.	1/23/	06
	(Signature of Lobbyist)	(Date)	
PART V	AUTHORIZATION	TO LOBBY		·
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
			TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED
Mi	chael S. Ruley		TITLE OF AUTHORIZING OFFICE Chief Executive Off:	
	chael S. Ruley	cable)	Chief Executive Off:	
NAME OF C	PRGANIZATION (if applic	cable) ommunications, Inc.	Chief Executive Off:	icer
NAME OF C	PRGANIZATION (if applic		Chief Executive Off:	icer
NAME OF O	ORGANIZATION (if applic		Chief Executive Off:	icer ELEPHONE (808) 546-7844
NAME OF C	ORGANIZATION (if application of the control of the		Chief Executive Off:	icer ELEPHONE (808) 546-7844
MAILING AD (City)	ORGANIZATION (if application of the control of the	ommunications, Inc.	Chief Executive Off:	icer ELEPHONE (808) 546-7844
MAILING AD (City)	ORGANIZATION (if application of the control of the	Ommunications, Inc. (State) Hawaii	Chief Executive Off:	icer ELEPHONE (808) 546-7844 AX
MAILING AD (City)	ORGANIZATION (if application of the control of the	Ommunications, Inc. (State) Hawaii	Chief Executive Off: TE (Zip Cod 96841	ELEPHONE (808) 546-7844 AX e) all of the undersigned.